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APPLICANTS

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MM ** CONTINUING DATA *None* *****

MM ** FOREIGN APPLICATIONS *None* *****

IF REQUIRED, FOREIGN FILING LICENSE

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIM 2
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>MM</i>				

ADDRESS

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TITLE

Scanner with removable image guides

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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